

**STATE OF WISCONSIN, WASHINGTON COUNTY
TOWN OF TRENTON DOG LICENSE APPLICATION**

OFFICE USE	Paid with taxes <input type="checkbox"/>
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____

Every person who owns, harbors or keeps a dog that is more than five months old in the Town of Trenton must license the dog(s).
 NOTE: IF THE DOG NO LONGER LIVES IN THE TOWN OF TRENTON, COMPLETE AFFIDAVIT ON THE BACK SIDE OF FORM

Owner(s)/Keeper(s) of dog(s): _____ ()
Last Name First Name Phone Number (REQUIRED)

Address _____
Street City Zip Code

Indicate change of ownership Yes No If yes, previous owner(s): _____

I certify that the attached rabies information is true and correct (signature required to issue license)

Dog owner Signature: _____ Date: _____

ATTACH A COPY OF RABIES CERTIFICATE FOR EACH DOG—NO EXCEPTIONS!
Wis Stats. §174.07 requires that a copy MUST BE provided each year, even if the information has not changed

DOG #1 New Name _____ Birth Date _____
 Renewal Breed _____ Color _____ Microchip No. _____
 Veterinary Name/Clinic: _____ Vet Phone Number: () _____

I have included a copy of the current rabies certificate showing the Manufacturer, Lot/Serial Number and Expiration Date

Type of Dog:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed/Neutered \$7.00	<input type="checkbox"/> Not Spayed/Neutered \$12.00
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DOG #2 New Name _____ Birth Date _____
 Renewal Breed _____ Color _____ Microchip No. _____
 Veterinary Name/Clinic: _____ Vet Phone Number: () _____

I have included a copy of the current rabies certificate showing the Manufacturer, Lot/Serial Number and Expiration Date

Type of Dog:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed/Neutered \$7.00	<input type="checkbox"/> Not Spayed/Neutered \$12.00
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DOG #3 New Name _____ Birth Date _____
 Renewal Breed _____ Color _____ Microchip No. _____
 Veterinary Name/Clinic: _____ Vet Phone Number: () _____

I have included a copy of the current rabies certificate showing the Manufacturer, Lot/Serial Number and Expiration Date

Type of Dog:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed/Neutered \$7.00	<input type="checkbox"/> Not Spayed/Neutered \$12.00
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For more than three dogs, a MULTIPLE DOG LICENSE IS REQUIRED (contact Treasurer for information)

Total dog fees: _____	Late fees if after April 1 (\$5.00 per dog): _____	Total enclosed: _____
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Make check payable to **Town of Trenton**. Include application, copy(ies) of rabies certificate(s) and payment

Mail to:
 Town of Trenton
 PO Box 259
 Newburg, WI 53060

Submit in person or place in drop box at:
 Town of Trenton
 1071 State Hwy 33E
 West Bend, WI 53095

For questions, contact Treasurer Nicole Cozzuli-Meer at 262.675.6009 x103 or treasurer@townoftrenton.wi.gov

AFFIDAVIT

Complete, sign, and return to Town of Trenton Treasurer

Signature: _____

Print Name: _____

Name of dog: _____

A 20____ dog license is not required by listed owner for last year's licensed dog because:

- Dog is deceased
- Dog ownership was transferred or has moved to:

Name: _____

City/Town/Village: _____

Name of dog: _____

A 20____ dog license is not required by listed owner for last year's licensed dog because:

- Dog is deceased
- Dog ownership was transferred or has moved to:

Name: _____

City/Town/Village: _____

Name of dog: _____

A 20____ dog license is not required by listed owner for last year's licensed dog because:

- Dog is deceased
- Dog ownership was transferred or has moved to:

Name: _____

City/Town/Village: _____

Penalties, Fees and Court Costs may be imposed by Governing Agencies for violation of dog licensing laws. Current Rabies information must be submitted before a dog license can be issued. A \$5.00 late fee shall be collected (when applicable) from owners of dogs not licensed by April 1st of each year.